



DATE OF TRAINING:	DISTRICT/ SUB-DISTRICT:
TRAINING VENUE:	FACILITATOR/ TRAINER:
SELECT MODE OF TRAINING: VIRTUAL MS TEAMS OR CLASSROOM SETTING	PEOPLE DEVELOPMENT UNIT CONTACT:

Please ensure that all information is neatly and legibly completed before submitting this training attendance register to your relevant People Management unit and to Theresa.Johnson@westerncape.gov.za as soon as the training has been concluded.

NO.	SURNAME	NAME	RANK	PERSAL	ID NUMBER	SANC/ HPCSA NUMBER	CELL NUMBER	RACE	DISABILITY	GENDER	INSTITUTION	REGION (DISTRICT)	SIGNATURE
1.													
2.													
3.													
4.													
5.													
6													